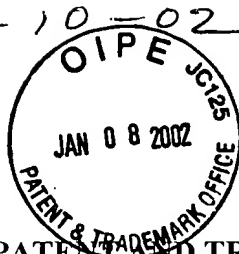


Express Mail Label No.: ET176334562US

Date of Deposit: January 8, 2002



Attorney Docket No. 14445-501 CIP

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Robert Chalifour et al.

ASSIGNEE: Neurochem, Inc.

SERIAL NUMBER: 09/867,847

EXAMINER: Not Yet Assigned

FILING DATE: May 29, 2001

ART UNIT: 1642

FOR: VACCINE FOR THE PREVENTION AND TREATMENT OF
ALZHEIMER'S AND AMYLOID RELATED DISEASES

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January 8, 2002

Boston, Massachusetts

Application Processing Division's
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Washington, D.C. 20231

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- ☒ Second Request for Corrected Filing Receipt (2 pages);
- ☒ Copy of Filing Receipt marked with corrections (2 pages); and
- ☒ Return postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts. Applicants believe that no fee is due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account No. 50-0311, Ref. No. 14445-501 CIP. A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,

Ivor R. Elrith, Reg. No. 39,529
Michel Morency, Limited Recognition
Barry J. Marenberg, Reg. No. 40,715
Attorneys for Applicants
c/o MINTZ, LEVIN
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241



30623

PATENT TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Chalifour *et al.*
 ASSIGNEE: Neurochem, Inc.
 SERIAL NUMBER: 09/867,847
 FILING DATE: May 29, 2001
 FOR: VACCINE FOR THE PREVENTION AND TREATMENT OF ALZHEIMER'S AND
 AMYLOID RELATED DISEASES



EXAMINER: Not Yet Assigned

ART UNIT: 1642

January 8, 2002
Boston, Massachusetts

Application Processing Division's
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

SECOND REQUEST FOR CORRECTED FILING RECEIPT

- Applicants previously filed a First Request for Corrected Filing Receipt on October 16, 2001 to correct an error in Xianqi Kong's address. Unfortunately, the error was not corrected and Applicants now request a second Updated Filing Receipt reflecting this correction.
- There are errors with respect to the following data, which are:
 - ☒ incorrectly entered
 - and/or*
 - ☐ omitted.

Error in

- ☐ Applicants' name
- ☒ Applicants' address
- ☐ Title
- ☐ Filing Date
- ☐ Serial Number
- ☐ Foreign/PCT Application
- ☐ Continuing Data
- ☐ Other: Attorney's Address

Correct data

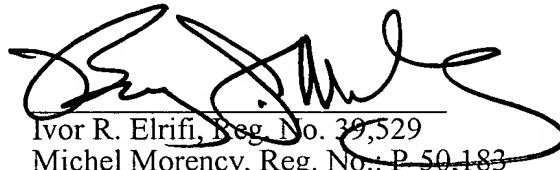
Dollard-des-Ormeaux, CANADA

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Applicants: Chalifour et al.
U.S.S.N. 09/867,847

3. ☒ Applicants believe that no fee is due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account No. 50-0311, Ref. No. 14445-501 CIP.

Respectfully submitted,

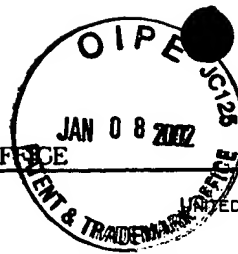


Ivor R. Elrifi, Reg. No. 39,529
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TRA 1614184v1



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/867,847	05/29/2001	1642	671	14445-501 CIP N	7	39	5

NPT

Ivor R. Elrifi, Ph.D.
 MINTZ, LEVIN, COHN, FERRIS,
 GLOVSKY and POPEO, P.C.
 One Financial Center
 Boston, MA 02111

<input checked="" type="checkbox"/> Data Entry	Done By <i>JEM</i>
<input type="checkbox"/> Docket Entry	
<input type="checkbox"/> Docket Cross Off	
<input type="checkbox"/> Previously Entered	
<input type="checkbox"/> No Docketing Req.	
<input type="checkbox"/> ELITE	
<input type="checkbox"/> Annuities	

CONFIRMATION NO. 8081

UPDATED FILING RECEIPT



OC000000007027383

Date Mailed: 11/05/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Robert Chalifour, Ile Bizard, CANADA;
 Lise Hebert, Brossard, CANADA;
 Xianqi Kong, Dollard-des-Ormeaux, CANADA; Dollard-des-Ormeaux, CANADA
 Francine Gervais, Ile Bizard, CANADA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/724,842 11/28/2000
 WHICH CLAIMS BENEFIT OF 60/168,594 11/29/1999

Foreign Applications

If required, Foreign Filing License Granted 06/19/2001

Projected Publication Date: 02/14/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

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NOV 08 2001

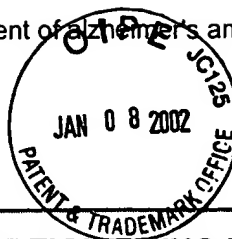
 MINTZ LEVIN, BOSTON
 PATENT DOCKET DEPT.

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 JAN 16 2002
 TECH CENTER 1600/2900

Vaccine for the prevention and treatment of Alzheimer's and amyloid related diseases

Preliminary Class

424

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Bib Data Sheet

CONFIRMATION NO. 8081

SERIAL NUMBER 09/867,847	FILING DATE 05/29/2001 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 14445-501 CIP
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APPLICANTS

Robert Chalifour, Ile Bizard, CANADA;
 Lise Hebert, Brossard, CANADA;
 Xianqi Kong, Dollard-des-Ormeaux, CANADA;
 Francine Gervais, Ile Bizard, CANADA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/724,842 11/28/2000
 WHICH CLAIMS BENEFIT OF 60/168,594 11/29/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

Ivor R. Elrifi, Ph.D.
 MINTZ, LEVIN, COHN, FERRIS,
 GLOVSKY and POPEO, P.C.
 One Financial Center
 Boston, MA 02111

TITLE

Vaccine for the prevention and treatment of alzheimer's and amyloid related diseases

FILING FEE RECEIVED 671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> Other _____
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